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REGISTRATION FORM

For the WKF UK Referee Seminar April 13th to April 15th in Worcestershire, England
Complete this form and send by email to: wkf_uk@outlook.com before 23rd March 2018 please

First Name:

Family Name:

Date of Birth: Nationality:

Address:

..... Post/Zip Code:

Phone: email:

Web site:

Last Referee Licence (if applicable): Date:

From WKF or Other Organisation?

YOUR FAVOURITE DISCIPLINES?

(Please circle all that apply)

FORMS

SEMI-CONTACT

LIGHT-CONTACT
MMA

FULL-CONTACT

K1

THAI

Signature:

Date: